



**SWARTHOUT'S SKULL WORKS
SWARTHOUT CAMO DIPPING
PACKING LIST**

Shipment for:

NAME _____ DATE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____

E-MAIL _____

ESTIMATED COST: \$ _____

DEPOSIT: (50% of estimated) \$ _____

(Please make checks payable to *Swarthout's Skull Works*)

OR

We can contact you upon arrival and process your credit card



SPECIES/ITEM TO BE WORKED ON _____

HUNTING LICENSE NUMBER (IF APPLICABLE) _____ STATE _____

TAG NUMBER (IF APPLICABLE) _____

DESCRIPTION OF WORK TO BE PERFORMED _____

AFTER 30 DAYS FOLLOWING NOTIFICATION OF COMPLETION, A \$2.00/DAY STORAGE FEE WILL BE CHARGED, AND ANY ADDITIONAL FEES INCURRED ATTEMPTING TO COLLECT ANY UNPAID DEBTS WILL BE ADDED TO THE REMAINING BALANCE. IF THE MOUNT IS NOT PICKED UP AND PAID FOR WITHIN 90 DAYS OF NOTICE OF COMPLETION, ALL MONIES AND MOUNT WILL BE FORFEITED AND THE MOUNT/ITEM WILL BE SOLD OR DISPOSED OF. RETURN CHECK FEE IS 30.00 PLUS OTHER CHARGES ALLOWABLE UNDER STATE AND FEDERAL LAW, TAXIDERMIST AND/OR *Swarthout's Skull Works* WILL NOT BE RESPONSIBLE OR LIABLE FOR THEFT, FIRE, FLOOD OR VANDALISM, OR ANY OTHER LOSS OR DAMAGE. _____ **Initial**

I HAVE READ AND UNDERSTAND THE POLICIES PAGE.

SIGNATURE _____ DATE _____